

E-1 (10/98)

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY

Mail: P.O. Box 40919 OLYMPIA, WASHINGTON 98504-0919

(360) 753-3444

**PETITION FOR INVESTIGATION OF  
QUESTION CONCERNING REPRESENTATION****[ ] Amended Petition in Case \_\_\_\_\_ -E- \_\_\_\_\_**

DO NOT WRITE IN THIS SPACE

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PUBLIC EMPLOYMENT  
RELATIONS COMMISSION

Instructions: See other side of this form:

Applicable Rules: Chapter 10-09, 391-09 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

**1. EMPLOYER** Sno-Isle Libraries

**CONTACT PERSON** Jonalyn Woolf-Ivory  
**ADDRESS** 7312 35<sup>th</sup> Avenue NE  
**CITY/STATE** Marysville, WA **ZIP** 98271  
**TELEPHONE** 360-651-7008 **EXT.**  **FAX** 3606517151

**ATTORNEY or REPRESENTATIVE** Pat Olafson  
**ADDRESS** Director, Human Resources  
7312 35<sup>th</sup> Avenue NE  
**CITY/STATE** Marysville, WA **ZIP** 98271  
**TELEPHONE** 360 651-7000 **FAX** 3606517151

**2. PETITIONER** Washington State Council of County and City Employees

**CONTACT PERSON** Bill Keenan, Director of Organizing  
**ADDRESS** P.O. Box 750  
**CITY/STATE** Everett, WA **ZIP** 98206-0750  
**TELEPHONE** 425-303-8818 **EXT.** 227 **FAX** 4253038906

**ATTORNEY or REPRESENTATIVE** Audrey Elde  
**ADDRESS** General Counsel  
P.O. Box 750  
**CITY/STATE** Everett, WA **ZIP** 98206-0750  
**TELEPHONE** 425-3038818 **EXT.** 229 **FAX** 4253038906

**3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:**

- ☒ The employees involved are not currently represented for bargaining; or  
☐ The employees involved are currently represented by:

**ORGANIZATION** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY/STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**TELEPHONE** \_\_\_\_\_ **EXT.** \_\_\_\_\_ **FAX** \_\_\_\_\_

**ATTORNEY or REPRESENTATIVE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY/STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**TELEPHONE** \_\_\_\_\_ **EXT.** \_\_\_\_\_ **FAX** \_\_\_\_\_

**4. COLLECTIVE BARGAINING AGREEMENT Indicate:**

- ☒ There has never been an agreement covering the employees involved; or  
☐ A copy of the current (most recent) agreement is attached.

**5. SHOWING OF INTEREST** A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

**6. BARGAINING UNIT**

**a. EMPLOYER'S PRINCIPAL BUSINESS**  
Library System

**b. DEPARTMENT OR DIVISION INVOLVED**  
All Library Branches and Service Center

**c. DESCRIPTION OF BARGAINING UNIT** Indicate Inclusions/exclusions, contract page or case/decision number:

All full time and regular part-time employees of the Sno-Isle Library System

Excluding supervisors, confidential employees, information technology, drivers, accounting employees and temporary employees.

**d. NUMBER OF EMPLOYEES IN BARGAINING UNIT** 360

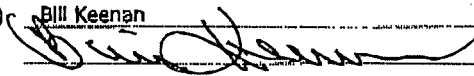
**6. DESIGNATION OF REQUEST Indicate one:**

- ☒ **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.
- ☐ **CHANGE IN REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.
- ☐ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.
- ☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.
- ☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

**8. OTHER RELEVANT FACTS Indicate, if applicable:**

- ☐ Additional information is set forth on separate sheets attached to this petition form.

**9. AUTHORIZED SIGNATURE FOR PETITIONER**

**NAME (PRINT)** Bill Keenan  
**SIGNATURE**   
**TITLE** Director of Organizing **DATE** 10/9/09



WASHINGTON STATE  
COUNCIL OF COUNTY AND CITY EMPLOYEES  
AFSCME AFL-CIO

CHRIS DUGOVICH President/Executive Director

Affiliated with:

American Federation of State, County & Municipal Employees  
Washington State Labor Council

## Facsimile Cover Sheet

To: Sally Iverson, Jonalyn Woolf-Ivory, Pat Olafson  
Company: PERC + Sno - Isk Library  
Date: 10/9/09 Time: \_\_\_\_\_  
Fax #: 360-570-7334 and 360-651-7151  
Number of pages to follow: 2

- ☐ Please call to discuss this matter.  
☐ Please review and provide comments.  
☒ For your information.  
☒ Hard copy to follow.  
☐ Per your request.

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If you have any problems with this transmittal please give us a call at (425) 303-8818 or 1-800-775-6418.

From: Bill Keenan, Director of Organizing  
Company: Washington State Council of County and City Employees, AFSCME, AFL-CIO  
Fax #: (425) 303-8906  
Comments: \_\_\_\_\_  
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